

**Children's Targeted Case Management
Provider Type 28
907 KAR 1:525**

Information about the program:

- Provider must be a licensed Community Mental Health Center.
- Provider must contact OIG for survey.
- The facility administrator or director must sign all forms.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have "bricks and mortar".
- Out-of-state providers may not enroll.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Medicare letter
- License
- W-9
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602